HIV/AIDS SENTINEL PROVIDERS' NETWORK NEWSLETTER



Fall/Winter 2007; Vol. 17; No.3

HIV/AIDS Epidemiology (206) 296-4645

Not-In-Care Evaluation (NOTICE)

Ever wonder what became of your patients who have not shown up for their medical appointments? Have they moved or changed providers or dropped out of medical care? We, at the health department would like to ensure that all HIV-infected County residents are regularly accessing HIV-related care. Thus, we are reviewing reported cases without evidence of appropriate HIV monitoring tests within the past year or longer. To examine why up to 10% of people diagnosed with HIV locally have no recent test results and if necessary to refer individuals back to care, we have begun the Not in Care Evaluation (NOTICE) project.

We have defined "care" as receiving antiretrovirals and/or having a CD4 subset test (CD4 count) run and/or a viral load test run. We are looking for people who have had no testing in at least one year, although these tests are recommended to be conducted about 3 times a year. As we do not collect antiretroviral use on a regular basis and CD4 and viral load reporting were only recently added to HIV/AIDS surveillance, some of the people we classify as not being in care may in fact actually be receiving medical care.

Hal Garcia-Smith is the Disease Investigation Specialist tasked with finding individuals who appear not to be receiving medical care. He will start by contacting their last known medical providers. When such individuals are reached, if they consent, Hal will administer a brief questionnaire (with a \$10 incentive). If Hal is successful at referring individuals back to care, the individual can receive an additional \$25 incentive. Please do your best to assist Hal if he calls to inquire about any of your patients.

Never-In-Care (NIC)

We are working with the CDC and 4 other areas (NYC, NJ, PA, and Indiana) to seek, assess, and refer people who have been diagnosed with HIV confidentially but whom have *never* received medical care. For this

project "never" spans a 3 month to no more than 18 month period. This brief time window is due to our decreasing likelihood of being able to re-contact someone the further away in time it is from their initial HIV test. Care is defined in a similar fashion as it is for the NOTICE project above (receiving antiretrovirals, CD4 testing, and/or viral load testing). Hal Garcia Smith also is the disease investigator working on NIC.

Medical Monitoring Project (MMP)

The Medical Morbidity Monitoring Project (MMP) is a CDC-sponsored expanded surveillance project. Its aims are to 1) help CDC and other healthcare and prevention planners estimate how many people are receiving care for HIV; 2) examine barriers to care; 3) examine morbidity still experienced by HIV-infected persons in the HAART era; and 4) measure adherence to, acceptance of, and adverse effects of therapy.

MMP has a three stage random selection process: selecting states (Washington State was included), then selecting care providers, and then patients. This process is designed to ensure that a scientifically representative. population-based cohort of patients is selected. Data are collected by chart review and patient interview. Chart review data include HIVrelated treatments, diagnoses, and laboratory values. The interviewer asks patients about their health-care seeking, risk-taking, and other behaviors impacting HIV care and prevention. such as adherence to HAART. Almost all of the potential participants that we are able to contact have been glad to do so; participants receive a \$30 incentive.

For the 2007/2008 data collection cycle, 16 King County providers are participating. Since starting data collection in August 2007, we have interviewed 77 patients and completed 21 medical record abstractions. For more information, please call Elizabeth Barash at 206 296-2907 or Susan Buskin at 206 205-6123.



What is the STEP Program? Seattle

Treatment Education Program is an HIV/AIDS education program based at the Lifelong AIDS Alliance to support adherence to HAART. STEP works to counter adherence fatigue, which is shown to happen even to the most adherent clients. STEP also educates clients who are new to HAART; and helps them prepare for a life time of taking medications.

Staff members meet with clients face-to-face to explain the principles of how the virus destroys CD4 cells; why a combination of at least three medications is required; why it is important to maintain at least a 95% adherence standard; and how to build a personalized schedule and a support system to succeed. STEP provides pill boxes for travel and home, information about side effects, new drugs, and assists clients to focus their questions for doctor visits. STEP also organizes group education programs for clients, as well as for providers.

STEP sent out a survey to 67 doctors who see HIV/AIDS patients in King County; but only about a third of these surveys have been returned. Please complete our survey or call (206) 957-1697 if you didn't get a survey or need another one.

What STEP requests from doctors in the community:

- Referrals of clients who are not yet on medications.
- Referrals of clients who are having difficulties taking their medications.
- Referrals when a client needs a change of medications.
- Referrals whenever a client is in the process of an adjustment to their regimen.
- Join the STEP email notification system to receive notices of trainings.
- Meet with STEP to hear about our program, so we can work together.

Who works in the STEP Program? Julene Weaver has worked as an AIDS Case Manager for fifteen years: at Northwest AIDS Foundation, Pike Market Medical Clinic, and Lifelong AIDS Alliance. Her position at STEP was created to network with doctors, and to increase client

enrollment. She can be reached at (206) 957-1697.

Alberto Arosemena started at Lifelong AIDS Alliance in 2002 in education doing prevention work around safer sex. In 2004 he joined the STEP program to educate clients about AIDS medications. He does outreach to the Latino community and provides a strong bilingual component to the program. He can be reached at (206) 957-1959.

Both Julene and Alberto are trained in Motivational Interviewing to listen for signs of change and to help clients make change towards a lifetime of taking medications successfully no matter where they are in the spectrum.

New fact sheet "RNA Testing for HIV" is now available on the Public Health - Seattle & King County HIV/AIDS Program website.

As someone working in HIV or STDs, you may be hearing more about RNA testing. It is also called PCR testing or NAAT (nucleic acid amplification testing). RNA testing detects HIV at an earlier stage than standard antibody testing. This fact sheet explains RNA testing and will help you answer questions from patients or clients.

http://www.metrokc.gov/health/apu/rna-testing/

The PDF version of this fact sheet can be found at the website above for making print copies. For more information on RNA Testing, call the HIV/STD Hotline at 206-205-7837. For questions regarding this announcement contact: jsani.henry@kingcounty.gov.

How come I'm getting this newsletter?

Medical providers reporting HIV/AIDS, providing HIV medical care, and other interested individuals are added to our Sentinel Provider's mailing list. Let us know your preference:

ш	Email only
	Paper only
	Both

Please remove me from this list Please email or call Terry Barnes with your preference: terry.barnes@kingcounty.gov (206) 205-1277.

Upcoming Meetings

HIV/AIDS Epidemiology Brown-bags. These meeting occur approximately monthly, Tuesday or Wednesday lunchtimes, usually at the 3rd floor 400 Yesler building. For more information, to be added to the mailing list, or to suggest a speaker or topic, please call Elizabeth Barash at 206 296-2907 or Christina Thibault at 206 205 0997.

- Tue, Dec 18, 12-1pm Jessica Cohen (PATH) and Jennifer Foster (CFAS) present "Microbicides: Clinical trial update" 400 Yesler Way, 3rd floor, Bill Ford Conference Room.
- Tue Jan 22, 12-1pm Danka Kasprzyk (Battelle Seattle Research Center) presents "Applying behavioral theory to unlock the keys to change behavior in the community popular opinion leader (COPL) model intervention in rural Zimbabwe" 400 Yesler Way, 3rd floor, Bill Ford Conference Room.

AIDS Clinical Conferences and Lunch and Learns. Clinical conferences are usually the 3rd Tuesday of each month 8am to 9am at the HMC Research and Training Building. Lunch and learns are usually held on Fridays from 12 noon to 1pm. For more information on the AIDS Clinical conferences, including CME, contact Christine Lee-Cavaness at 206-731-6972.

EPIDEMIC AT A GLANCE: AIDS CASES				
LI IDLINIO AT A GLA	Cumulative AIDS Cases		Persons living with AIDS	
Seattle-King County (actual reports, 10/31/07)	7,648	4,192	3,456	
Washington State (actual reports, 10/31/07)	12,021	6,407	5,614	
United States (estimated, 12/31/05)	984,155	550,394	433,761	
HIV CASES (WITHOUT AIDS)				
•	Cumulative HIV non- AIDS Cases	HIV non- AIDS Deaths	Persons living with HIV non- AIDS	
Seattle-King County (actual reports, 10/31/07)	2,931	122	2,809	
Washington State (actual reports, 10/31/07)	4,555	210	4,345	
United States (estimated, 12/31/05)	*	*	215,653	
Total HIV/AIDS Cases				
	Cumulative HIV & AIDS	HIV & AIDS Deaths	Persons living with HIV /AIDS	
Seattle-King County (actual reports, 10/31/07)	10,579	4,314	6,265	
Washington State (actual reports, 10/31/07)	16,576	6,617	9,959	
United States (estimated, 12/31/05)	*	*	672,335	

^{*} U.S. deaths and numbers living are adjusted for delays in reporting. U.S. HIV cases are limited to 33 states and 4 dependent areas with confidential name-based HIV reporting implemented as of December 31, 2001. Data from Washington and other areas that recently implemented a name-based system are not included in these totals.

To report AIDS and HIV disease cases or to order reporting forms and information, call Faythe Crosby at (206) 296-4645

Public Health -- Seattle & King County HIV/AIDS Epidemiology 400 Yesler Way 3rd Floor Seattle, WA 98104